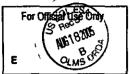
US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9677	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name WILLIAM P DAMERON	Name MACHINISTS AFL-CIO
	Labor Organization File Number 000-107
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 8925 ROLLING ROAD	Street 9000 MACHINISTS PLACE
City Manassas	City UPPER MARLBORO
State Virginia ZIP Code + 4 20110-4240	State Maryland ZIP Code + 4 20772-2687
5 Position in labor organization GRAND LODGE AUDITOR	
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name if any) Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7 a Nature of Interest Transaction or Income
Trade Name if any PO Box Bldg Room No if any	7 b Amount.
Street	To Adisont.
City	
State ZIP Code + 4	
Signature	
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned schowledge and belief true correct, and complete (See the se	ving documents) has been examined by the signatory and is to the best of the
	Date Telephone number

Name of Person Filing WILLIAM DAMERON	File Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any) Name K&R INDUSTRIES Trade Name if any P O Box Bidg Room No if any Street 14110 SULLYFIELD CIRCLE City CHANTILLY State Virginia ZiP Code + 4 20151 10 If 9 b or 9 c. is checked give trust or employer's name	9 Business deals with
Name Trade Name if any P O Box, Bidg Room No if any	VENDOR
Street	11 b Approximate dollar value of such dealing
City	12 a Nature of interest held or income received
State ZIP Code + 4	DINNER AT POMPILIOS RESTAURANT 9/23/2004
	12 b Amount \$81
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name	
Trade Name if any	
P O Box Bldg Room No rf any Street Crty State ZIP Code + 4	
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.